



SAFE Program Intake Form

This form must be completed in it's entirety, please insure that all information is completed and correct.

Child's Name DOB Race Sex Ethnicity

Child's School Grade

Parents Name Race Sex Ethnicity

Parents Name Race Sex Ethnicity

Address City State Zip Code

Phone Number Cell Number Phone Number

Family Stucture

Youth Status

Youth Referred by:

- DCF LEO DJJ School Judiciary State Attorney Other
 Other Criminal Justice Agency (Not DJJ) Other Social Services (Not DCF)

Is this child eligible for free/reduced, breakfast/lunch? YES NO

Income Verification attached:

Yearly Income both parents

- Pay Stub IRS W-2 Form IRS Income tax Return

Are you a resident of the city of Ocala ? Yes No

Reason for referral. (Use another piece of plain paper if more room is needed).

Reason for referral